MARK       MARINI, LINO       12 NUME         2037 SW 27 AVE SUITE 201       13 STREET ADDRESS         DTV: S1: 2P       MIAMI FL 33133       14 OTY-S1: 2P         NME       DELETE       21 TITLE         NME       22 NAME       23 STREET ADDRESS         CITV: S1: 2P       23 STREET ADDRESS       23 STREET ADDRESS         CITV: S1: 2P       24 CITV: S1: 2P	AMMUAL REPORT 1937       Image: A Markon Scores of Score			AFTER MAY 1 IS S	\$550.00	FI	LED
ANNUAL PERCENT 1997	Autonom Freiering       Names       Secretary of State         DOCUMENT # P95000057633 (6)       Recurrent of secretary of secret	00	~ <b>X</b>	FLORIDA DEPAR	TMENT OF STATE	] May 06 1	1997 8:00an
1997     Units Of Counters       1997     Units Of Counters       Proceediments     Performants       RelLUM OF MAAN, INC.       International Proceediments     Mail Ing Address       Service Rel Low Bito     Service Rel Low Bito       Service Rel Low Bito     Service Rel Rel Low Bito       Service Rel Rel Low Bito     Service Rel Rel Low Bito       Service Rel Rel Low Bito     Service Rel Rel Low Bito       Service Rel Rel Low Bito     Service Rel Rel Low Bito       Service Rel Rel Rel Rel Rel Rel Rel Rel Rel Re	1997     Display Conservation       Deconservation     Relum OF MAMA, INC.       Properties of transes     Maine Address       Origin Table of transes     Maine Address of Country       Origin Table of transes     Maine Address of Country       Origin Table of transes     Maine Address of Country       Origin Table of transes     M		12			-	
DOCUMENT # P95000057633 (6)         RELUM OF MAML, NC.         Principal Factor (based)         Solution of Masses         Solution of Relationes         Relationes         Solution of Relatio	DOCUMENT # P95000057633 (6)         RELUX OF MAML INC.         Process Place of Busices         Service FLOW BUD         Serv	AINN	1. 1.	7.7	•	Secreta	ry of State
Process         Main Padless           Bit Padless         Bit Padless           Bit Padless	Princed Place of Business         Maing Address           Bit Point         Bit Point           State Apr - rece         Bit Point           Point         Converts           State Apr - rece         Bit Point           State Apr - rece         Bit Point           Point         State Apr - rece           Point         Converts           Apr - Point         State Apr - rece           Point         Converts           Apr - Point         State Apr - rece           Point         Converts           Apr - Point and Address of Converts         State Apr - rece           Point and Address of Converts         State Apr - rece           State Apr - rece <th></th> <th></th> <th>057633 (6)</th> <th></th> <th></th> <th>ADDA ANNI JARA OKDA KIDA (1) ITA:</th>			057633 (6)			ADDA ANNI JARA OKDA KIDA (1) ITA:
BY PARKE DF LEON KAND SUITE 701 CORAL GABLES FL SITH       B01 FONCE DF LEON BLVD SUITE 701 CORAL GABLES FL SITH       B01 FONCE DF LEON BLVD SUITE 701 CORAL GABLES FL SITH         2.       Principal Flace of Bosiness       Ba. Maing Address Res 1       Ba. Maing Address Res 1       Ba. Date of List Flagorit DO (20/126/1995)       Booglied For. APPLIED FOR         21       Suite Apr. K. CO.       Suite, Apr. K. CO. </td <td>BY PARE FR LICON EVD SURF 70 CORL GABLES FL 3019     00 FORCE FE LEON EVD SURF 70 CORL GABLES FL 3019     3. Date Pluciportied or Gwilled 9. Date of Last Report 00/28/1995       2.     Principal Flace of Bainess:     2. Maing Address 9. Date of Last Report 00/28/1995     3. Date Pluciportied or Gwilled 9. Date of Last Report 00/28/1995       3.     Principal Flace of Bainess:     2. Maing Address 9. Date of Last Report 00/28/1995     4. Pluce 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baines 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baines 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baine Address of County 1990       4.     Date of Last Report 00/28/1995     Baines 1990       3.     Date of Last Report 00/28/1995     Baine Address of County 1990       4.     Date of Last Report 1990     Date of Last Report 1990       3.     Date of Last Repo</td> <td>Principal Pla</td> <td>ce of Business</td> <td>Mailing Address</td> <td></td> <td></td> <td></td>	BY PARE FR LICON EVD SURF 70 CORL GABLES FL 3019     00 FORCE FE LEON EVD SURF 70 CORL GABLES FL 3019     3. Date Pluciportied or Gwilled 9. Date of Last Report 00/28/1995       2.     Principal Flace of Bainess:     2. Maing Address 9. Date of Last Report 00/28/1995     3. Date Pluciportied or Gwilled 9. Date of Last Report 00/28/1995       3.     Principal Flace of Bainess:     2. Maing Address 9. Date of Last Report 00/28/1995     4. Pluce 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date Incorportied or Gwilled 9. Date of Last Report 00/28/1995     Maing Address 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baines 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baines 9. Date of Last Report 00/28/1995       3.     Date of Last Report 00/28/1995     Baine Address of County 1990       4.     Date of Last Report 00/28/1995     Baines 1990       3.     Date of Last Report 00/28/1995     Baine Address of County 1990       4.     Date of Last Report 1990     Date of Last Report 1990       3.     Date of Last Repo	Principal Pla	ce of Business	Mailing Address			
CORAL GABLES FL 3014         CORAL GABLES FL 3014-3073         Solid Address         Last Malling Address           2.         Principal Place of Business         2a         Malling Address         4. EEI Number G ST 50 GG 19 Fp (model for Address of Corrections of Cor	CORL GABLES FL 3014     CORAL GABLES FL 3014-4070     3. Date Incorported of Coulling     3. Date Incorported of Coulling       2. Principal Tack of Mainness     2. Main rg Additose     4. FEI Nummer     5 0.66 78 50     Mod Applebal       2. Principal Tack of Mainness     2. Main rg Additose     4. FEI Nummer     5 0.66 78 50     Mod Applebal       2. Principal Tack of Mainness     2. Main rg Additose     5.00 Apt #. dit.     6. Confictual of Status Datated     5.75 Additose       2. The Country     2. The Status     6. Confictual of Status Datated     5.75 Additose     5.75 Additose       2. The Country     2. The Country     2. The Country     2. The Country     7.0     Country       2. The Country     2. The Country     2. The Main and Address of Ummer Registered Agent     1. Name and Address of Ummer Registered Agent     1. Name and Address of Ummer Registered Agent       3. ADDRNO2, WILLMAH     91     Name and Address of Country     1. Name and Address of Country     1. Name and Address of Country       3. Count in the printer of the Status of New Registered Agent     1. Name and Address of Country     1. Status and Address of Country     1. Status and Address of Country       3. Count in the printer of the Status of New Registered Agent     1. Name and Address of Country     1. Status and Address of Country     1. Status and Address of Country       3. Count in the printer of the Country of the Country     1. Status and t	901 PONCE D		801 PONCE DE LEON BLV	D		
2.         Principal Place of Business         2a         Maing Address         4. FEU Number         GST = 046 (P ST = 0 PST = Applied for the Applied fo	2. Product Place of Burniess     2. A Maling Address     4. EED Number     6.5" OLG 195"P     102 Applicable     22		ES FL 33134		9073	<ol> <li>Date Incorporated or Qualified</li> </ol>	Se. Date of Last Report
21	21     Suite Apt # dic.     Itex Applicable       22     Diff A State     City & State     City & State     Suite Apt # dic.     Suite Apt # dic.       23     City & State     City & State     Suite Apt # dic.     Suite Apt # dic.       24     25     26     Country     70     Country     8. This concreation compage Prevencing     55:00 May be a free free free free free free free f	n Princinal		De Mailing Address		07/26/1995	08/12/1996
22       27       City & State       6. Confidence State Desired       The Responsed         20       20       20       20       6. Exection Campaign Financing       \$5.00 May Be         20       20       20       20       20       Adde to Fies         20       20       20       20       0. May Be       Adde to Fies         21       20       20       0. Country       10. Manual Campaign Financing       Made to Fies         21       20       20       0. Country       10. Manual Campaign Financing       No       No         21       20       20       20       0. Country       10. Manual Campaign Financing       No       N	22       20       20       For a Progulation         2 City & State       3       City & State       5. Continue       55.00 May be Attack to Fores         2 City & State       2       20       Fore Analysis       5. Continue       55.00 May be Attack to Fores         2 City & State       20       Country       7.0	21		26		APPLIED FOR	Not Applicable
28       28       Country       20       Country       0       Made to Fees         27       20       Country       1       The conclusion has liability for lengths in under, 199.022.         24       23       20       Country       1       The conclusion has liability for lengths in under, 199.022.         8. Name and Address of Durrent Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         4. BLORNOX, WILLUM H       51       Name       30       Pointed Statutes       New Negistered Agent         9. 1 PONCE DE LEON BLVD       31       31       Street Address (P.O. Box Number is Net Acceptable)       11         11. Fusion to the prove on of Sections 607 DD2/ and 607 1508, Fonde Statutes the above named corporation aubrints his staturent to the prove of theorematic to the prove of theorematic to the prove of theorematic to theorematic to the prove of theorematic to theorematic to the prove of theorematic to the	23     24     26     Country     28       20     20     20     20     20       21     20     20     20     20       22     23     20     20     20       23     20     20     20     20       24     28     20     20     20       24     28     20     20     20       25     20     20     20     20       26     20     20     20     20       27     28     20     20     20       28     20     20     20     20       28     20     20     20     20       29     20     20     20     20       20     20     20     20     20       20     20     20     20     20       20     20     20     20     20       20     20     20     20     20       20     20     20     20     20     20       20     20     20     20     20     20       21     20     20     20     20     20       21     20     20     20     20	22		27		5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·
24         25         20         First Stutus         Period         Non-           24         9. Name and Address of Current Registered Agent         10. Name and Address of Naw Registered Agent         10. Name and Address of Naw Registered Agent           301 PONCE DE LEON BLVD         91         Name         92         Breek Address (P.O. Box Number is Not Acceptable)           301 PONCE DE LEON BLVD         88         94         City         FL         82         20 Code           11.         Furguart is the provisions of Sections 607 Code, Florido Statules, the above named corporation aubrints Nite Registered Corporation aubrints Nite Registered Agent         88         94         City         FL         82         20 Code           12.         Furguart is the provisions of Section 607 Code, Florido Statules         The above named corporation aubrints Nite Registered Agent         The above named Agent approximation and and approximation and approximation and approximation and approximatis and approximation and approximatis and approximatis and approxi	Particle     Particle     Portice     Provide Statutes     Not       ALBORNOZ, WILLUM H SOL PONCE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       11. Pursuant to the provisors of Socions 607 0000 and 607 1508. Fonds Statutes     10. Name and Address of New Registered Agent       12. CorRaL GABLES FL 33134     10. Name and Address of New Registered Agent       13. Pursuant to the provisors of Socions 607 0000 and 607 1508. Fonds Statutes in the above-named corporation subtrits this statutement for the purpose of changing is registered defined registered agent, or both, in the State of Fonds, State for the gaves subtricts of the corporation subtrits in the statement for the purpose of changing is registered to the other provisors of Socions 607 0000 and 507 1508. Fonds Statutes       13. Pursuant to the provisors of Socions 607 0000 and 507 1508. Fonds Statutes     10. Corporation subtrits interactions       14. Corporation application		ite				
B. Name and Address of Current Registered Agent     Barbore Address of New Registered Agent     Barbore Address of New Registered Agent     Barbore Address of New Registered Agent     Differ Point Address (P.O. Box Number is Not Acceptable)     SURE 701     CORAL GABLES FL 33134     Barbore Address (P.O. Box Number is Not Acceptable)     Sure Address (P.O. Box Number is Not Acceptable)     Barbore Address     Barbore Address (P.O. Box Number is Not Acceptable)     Barbore Address     Barbore Address (P.O. Box Number is Not Acceptable)     Barbore Address     Barbore Addr	B. Name and Address of Current Registered Agent     To: Name and Address of New Registered Agent     SURE 701     CORAL GABLES FL 33134     SURE 701     SUR	·····					
SDU PROCE DELIGON BLVD SUITE 701 CORAL GABLES FL 33134       Image: Street Address (P.O. Box Number is Not Acceptable)         4       City       FL       ES         4       City       FL       ES       2/p Code         11.       Function of the provisions of Sections 607 0502 and 607 1508, Foorde Statutes, the above-named corporation submits the statement for the purpose of changing its registered section of the provisions of Sections 607 0502 and 607 1508, Foorde Statutes, the above-named corporation submits the statement for the purpose of changing its registered section of the provisions of Sections 607 0502 and 607 1508, Foorde Statutes, the above-named corporation submits the statement for the purpose of changing its registered section of the provision of sections 607 0505, Foorde Statutes, the above-named corporations board of directors. Thereby accept the appointment as registered section of the provision of the purpose of the appointment as registered section of the provision of the polyacity of the appointment as registered section of the provision of the polyacity of the appointment as registered section of the provision of the polyacity of the appointment as registered section of the polyacity of the appoint of the polyacity of the appoint of the polyacity of the appoint of the polyacity of the appoin	SUD PROCE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B2         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B2         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B3         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B3         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B1         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B1         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B1         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B1         SIDE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134       B1         SIGE FLORE DE LEON BLVD SUITE 701 CORAL GABLES FL 33133       MOTE Provision's board of directors. Inviety accept the appointment as registered optic		······································	It Registered Agent	61 Name	10. Name and Address of New Reg	listered Agent
CORAL GABLES FL 33134	CORAL GABLES FL 33134	<b>90</b> 1	I PONCE DE LEON BLVD			ress (P.O. Box Number is Not Acceptabl	e)
Image: state in the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered price or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and the approximate argument and the approximate as registered agent, and the approximate and the approximate as registered agent, and the approximate agent, and the approximate as registered agent, and the approximate as registered agent, and the approximate agent, and t	Image: spectral spectra spectral spectral spectral spectral spectral spectral spectral s				83	· · · · · · · · · · · · · · · · · · ·	
11. Provident to the provisione of Sectors 607 CH2 and 607 1508; Florids Statutes. The above named compation submits this statement for the purpose of changing its registered agen. I am familiar with, and accept the obligations of Sector 607 CH20, Florids Statutes.         SIGNATURE	11. Function to the processore of Sections 607 ESO2 and 607 ESO2 Hord Statutes, the above-named corporation submits this statement for the purchase of changing its registered officer or section for the object of Funds. Submit of the object of Funds. Submit of the object of Funds. Submit of Funds.				84 City		85 Zip Code
SIGNATURE     update product any addition       Signate product any addition       NOTE Regrated Agent signate registrate re	SIGNATURE     y with a	11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p	urpose of changing its registered
Step doe printed may bend Byon and the 7 activation         ONCE: Registered Appended Sharp activation         DATE         7           12.         OFFICERS AND DIRECTORS         13.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12           NAME         MARIN, LINO         12 NUKE         12 NUKE         Drange         Addition           NAME         MARIN, LINO         13 STREET ADDRESS         13 STREET ADDRESS         Drange         Addition           SIREET ADDRESS         2807 SW 27 AVE SUITE 201         13 STREET ADDRESS         14 OPT-ST2P         Drange         Addition           ThE F         IMAM IF L 33133         14 OPT-ST2P         Drange         Addition         24 OPT-ST2P         Drange         Addition           STREET ADDRESS         23 STREET ADDRESS         23 STREET ADDRESS         07 PT	Signific part of provide than direct them         (NOTE: Repeated Agent agoingt a mained when alreading)         Datt         Image: Transmission of the direct test of the	agent. I	registered agent, or both, in the State am tamiliar with and accord the oblig	of Florida, Such change was a	NUMBER OF THE CORDORAL	Maria Maria da Mandria de Cara	a sha a sa a ata sa 7 at Tan an shi sa a at
NAME       MARIN, LINO       12 NAME         SIREET ADDRESS       2837 SW 27 AVE SUITE 201       13 SIREET ADDRESS         DTV: SI: 2P       MAMI FL S3133       14 OTT-SI: 2P         NAME       DELETE       21 TITLE       Change       Addition         STREET ADDRESS       23 SIREET ADDRESS       Change       Addition         NAME       22 NAME       23 SIREET ADDRESS       Change       Addition         NAME       22 NAME       23 SIREET ADDRESS       Change       Addition         NAME       DELETE       31 TITLE       Change       Addition         NAME       DELETE       32 NAME       Change       Addition         NAME       33 SIREET ADDRESS       Change       Addition         NAME       33 SIREET ADDRESS       Change       Addition         NAME       42 NAME       Change       Addition         NAME       42 NAME       Change       Addition         NAME       SIREET ADDRESS       Change       Addition         STREET ADDRESS       SIREET ADDRESS       Change       Addition         NAME       DELETE       SIREET ADDRESS       Change       Addition         STREET ADDRESS       SIREET ADDRESS       SIREET AD	MARE         MARIN, LINO         12 NMG           SIREE ADDRESS         2837 SW 27 AVE SUITE 201         13 STREET ADDRESS           DIV: S1: 2P         MAMI FL 33133         14 OPT-S1: 2P           ThE         DELETE         21 TITLE         Change           STREET ADDRESS         23 STREET ADDRESS         Change         Addition           STREET ADDRESS         33 STREET ADDRESS         Change         Addition           NAME         STREET ADDRESS         Change         Addition           STREET ADDRESS         Change         Change         Addition           NAME         DELETE         STITLE         Change         Addition           NAME         STREET ADDRESS         Change         Addition		• <sup>-</sup>	ations of, Section 607.0505, Fic	brida Statutes.	lion's board of directors. I hereby accep	t the appointment as registered
NAME       MARIN, LINO       12 NAME         SIREET ADDRESS       2837 SW 27 AVE SUITE 201       13 SIREET ADDRESS         DTV: SI: 2P       MAMI FL S3133       14 OTT-SI: 2P         NAME       DELETE       21 TITLE       Change       Addition         STREET ADDRESS       23 SIREET ADDRESS       Change       Addition         NAME       22 NAME       23 SIREET ADDRESS       Change       Addition         NAME       22 NAME       23 SIREET ADDRESS       Change       Addition         NAME       DELETE       31 TITLE       Change       Addition         NAME       DELETE       32 NAME       Change       Addition         NAME       33 SIREET ADDRESS       Change       Addition         NAME       33 SIREET ADDRESS       Change       Addition         NAME       42 NAME       Change       Addition         NAME       42 NAME       Change       Addition         NAME       SIREET ADDRESS       Change       Addition         STREET ADDRESS       SIREET ADDRESS       Change       Addition         NAME       DELETE       SIREET ADDRESS       Change       Addition         STREET ADDRESS       SIREET ADDRESS       SIREET AD	MARE         MARIN, LINO         12 NMG           SIREE ADDRESS         2837 SW 27 AVE SUITE 201         13 STREET ADDRESS           DIV: S1: 2P         MAMI FL 33133         14 OPT-S1: 2P           ThE         DELETE         21 TITLE         Change           STREET ADDRESS         23 STREET ADDRESS         Change         Addition           STREET ADDRESS         33 STREET ADDRESS         Change         Addition           NAME         STREET ADDRESS         Change         Addition           STREET ADDRESS         Change         Change         Addition           NAME         DELETE         STITLE         Change         Addition           NAME         STREET ADDRESS         Change         Addition	SIGNATURE	Signature typed or printed name of registered ago	alba	É: Registered Agent signature requir	red when reinstating)	<u>424/97</u>
NAME       22 NAME         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2P       24 CITY-S1-2P         Inite       DELETE         NAME       32 NAME         SIFEEL ADDRESS       23 STREET ADDRESS         CITY-S1-2P       Change         NAME       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       44 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       Change         ITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-S1-2P       Change         ITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-S1-2P       STREET ADDRESS         CITY-S1-2P       Change </td <td>NAVE       22 NAVE         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       24 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       Change         NAVE       32 NAVE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2/P       34 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       34 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2/P       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Ch</td> <td>signature <b>12</b>.</td> <td>Signature, typind or printed name of registered age OFFICERS AN</td> <td>Alba (NOTE D DIRECTORS</td> <td>E: Registered Agent signature regult</td> <td>red when reinstating)</td> <td><u>424/97</u></td>	NAVE       22 NAVE         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       24 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       Change         NAVE       32 NAVE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2/P       34 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       34 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2/P       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Ch	signature <b>12</b> .	Signature, typind or printed name of registered age OFFICERS AN	Alba (NOTE D DIRECTORS	E: Registered Agent signature regult	red when reinstating)	<u>424/97</u>
NAME       22 NAME         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2P       24 CITY-S1-2P         Inite       DELETE         NAME       32 NAME         SIFEEL ADDRESS       23 STREET ADDRESS         CITY-S1-2P       Change         NAME       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       44 CITY-S1-2P         ITLE       DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       Change         ITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-S1-2P       Change         ITLE       DELETE         STREET ADDRESS       S3 STREET ADDRESS         CITY-S1-2P       STREET ADDRESS         CITY-S1-2P       Change </td <td>NAVE       22 NAVE         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       24 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       Change         NAVE       32 NAVE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2/P       34 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       34 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2/P       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Ch</td> <td>SIGNATURE 12. Hile</td> <td>Sig. Jure typed or punced name of registered age OFFICERS AN D MARINI, LINO</td> <td>Alba (NOTE D DIRECTORS</td> <td>E: Registered Agent signature require 13. 1.1 TITLE</td> <td>red when reinstating)</td> <td>DATE DATE ERS AND DIRECTORS IN 12 Change Addition</td>	NAVE       22 NAVE         STREEL ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       24 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       23 STREET ADDRESS         CITY-S1-2/P       Change         NAVE       32 NAVE         STREET ADDRESS       33 STREET ADDRESS         CITY-S1-2/P       34 CITY-S1-2/P         TITLE       Change         NAVE       32 NAVE         STREET ADDRESS       34 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2/P       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       42 NAVE       43 CITY-S1-2/P         TITLE       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Change       Addition         NAVE       53 STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2/P       Ch	SIGNATURE 12. Hile	Sig. Jure typed or punced name of registered age OFFICERS AN D MARINI, LINO	Alba (NOTE D DIRECTORS	E: Registered Agent signature require 13. 1.1 TITLE	red when reinstating)	DATE DATE ERS AND DIRECTORS IN 12 Change Addition
NAME     22 NAME       STREET ADDRESS     23 STREET ADDRESS       CITY-ST-2IP     24 CITY-ST-2IP       TITLE     DELETE       NAME     32 NMAE       NAME     33 STREET ADDRESS       CITY-ST-2IP     34 CITY-ST-2IP       NAME     33 STREET ADDRESS       CITY-ST-2IP     34 CITY-ST-2IP       NAME     33 STREET ADDRESS       CITY-ST-2IP     34 CITY-ST-2IP       NAME     42 NAME       STREET ADDRESS     43 STREET ADDRESS       CITY-ST-2IP     44 CITY-ST-2IP       NAME     42 NAME       STREET ADDRESS     43 STREET ADDRESS       CITY-ST-2IP     44 CITY-ST-2IP       ITTLE     Change       Addition     42 NAME       STREET ADDRESS     43 STREET ADDRESS       CITY-ST-2IP     44 CITY-ST-2IP       ITTLF     DELETE       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-2IP     54 CITY-ST-2IP       ITTLF     STREET ADDRESS       CITY-ST-2IP     54 CITY-ST-2IP       ITTLE     STREET ADDRESS       CITY-ST-2IP     54 CITY-ST-2IP       ITTLF     DELETE       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-2IP     54 CITY-ST-2IP       ITTLE     Change	NAME       22 MAME         STREEL ADDRESS       23 STREET ADDRESS         CITV-S1-2/P       2 CUTV-S1-2/P         TITLE       DELETE         NAME       32 NAME         STREET ADDRESS       33 STREET ADDRESS         CITV-S1-2/P       34 CITV-S1-2/P         NAME       32 NAME         STREET ADDRESS       33 STREET ADDRESS         CITV-S1-2/P       34 CITV-S1-2/P         NTLF       DELETE         STREET ADDRESS       CITV-S1-2/P         NAME       42 RAME         STREET ADDRESS       CITV-S1-2/P         NAME       52 RAME         STREET ADDRESS       S3 STREET ADDRESS         CITV-S1-2/P       Change       Addition         NAME       52 NAME       S3 STREET ADDRESS         CITV-S1-2/P       Change       Addition         NAME       52 NAME       S3 STREET ADDRESS         CITV-S1-2/P       Change       Addition	SIGNATURE 12. THE NAME STREET ADDRESS	D MARINI, LINO 2937 SW 27 AVE SUITE 201	Alba (NOTE D DIRECTORS	E: Registered Agent signature requir <b>13.</b> 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE DATE ERS AND DIRECTORS IN 12 Change Addition
CITY-SI-2IP       2 4 CITY-ST-2IP         Init.E       DELETE         NAME       32 NAME         SINEET ADDRESS       33 STREET ADDRESS         CITY-SI-2IP       34 CITY-SI-2IP         Init.f       DELETE         NAME       33 STREET ADDRESS         CITY-SI-2IP       34 CITY-SI-2IP         Init.f       DELETE         NAME       4 2 NAME         STREET ADDRESS       43 STREET ADDRESS         CITY-SI-2IP       44 CITY-SI-2IP         Init.f       DELETE         NAME       42 NAME         STREET ADDRESS       43 STREET ADDRESS         CITY-SI-2IP       44 CITY-SI-2IP         Init.f       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-SI-2IP       Change         Init.f       S3 STREET ADDRESS         CITY-SI-2IP       Change         Init.f       S3 STREET ADDRESS         CITY-SI-2IP       Change         Init.f       S4 CITY-SI-2IP         Init.f       S4	CITY-S1-2P       2 CITY-S1-2P         Inte       DELETE       31 TITLE         NAME       32 NAME         SIFEET ADDRESS       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         Inte       0 DELETE         NAME       33 STREET ADDRESS         CITY-S1-2P       34 CITY-S1-2P         Inte       0 DELETE         NAME       42 NAME         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       44 CITY-S1-2P         Inte       0 DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-S1-2P       44 CITY-S1-2P         Inte       0 DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2P       44 CITY-S1-2P         Inte       0 DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2P       54 CITY-S1-2P         Inte       0 DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2P       54 CITY-S1-2P         Inte       0 DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-S1-2P       54 CITY-S1-2P         Inte       0 DELETE	SIGNATURE 12. THE NAME STREET ADDRESS CITY- ST- ZIP	D MARINI, LINO 2937 SW 27 AVE SUITE 201	Alba Int and lifte if applicable (NOTE D DIRECTORS	E: Registered Agent signature requir 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	ull
Inite       DELETE       31 TmLE       Change       Addition         NAME       32 NAME       33 STREET ADDRESS       33 STREET ADDRESS         Change       Addition       Addition         Inite       DELETE       31 TmLE       Change       Addition         NAME       33 STREET ADDRESS       34 C(TY-ST-2IP       Change       Addition         NAME       DELETE       41 TTMLE       Change       Addition         NAME       4 2 NAME       STREET ADDRESS       44 C(TY-ST-2IP       Change       Addition         NAME       4 2 NAME       STREET ADDRESS       44 C(TY-ST-2IP       Change       Addition         NAME       DELETE       STITUE       Change       Addition         NAME       STREET ADDRESS       S3 STREET ADDRESS       Change       Addition         STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       CHY-ST-2IP         TITLE       DELETE       S1 TTLE       Change       Addition         STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       Change       Addition         STREET ADDRESS       G3 STREET ADDRESS       G3 STREET ADDRESS       G3 STREET ADDRESS       G3 STREET ADDRESS       Change	Inite       DELETE       31 mite       Change       Addition         NAME       32 NAME       33 STREET ADDRESS       33 STREET ADDRESS         CITY-ST-2/P       33 CITY-ST-2/P       Change       Addition         Imple       DELETE       41 Time       Change       Addition         NAME       4 2 NAME       STREET ADDRESS       Change       Addition         STREET ADDRESS       43 STREET ADDRESS       Change       Addition         STREET ADDRESS       43 STREET ADDRESS       Change       Addition         CITY-ST-2/P       44 CITY-ST-2/P       Change       Addition         NAME       42 NAME       STREET ADDRESS       Change       Addition         CITY-ST-2/P       44 CITY-ST-2/P       Change       Addition         NAME       S2 NAME       STREET ADDRESS       Change       Addition         STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       CITY-S1-2/P       Change       Addition         NAME       S2 NAME       S3 STREET ADDRESS       S3 STREET ADDRESS       CITY-S1-2/P       Change       Addition         NAME       S2 NAME       S3 STREET ADDRESS       S3 STREET ADDRESS       CITY-S1-2/P       Change       Addition <t< td=""><td>SIGNATURE 12. THE NAME STREET ADDRESS CITY - ST - ZIP THEF</td><td>D MARINI, LINO 2937 SW 27 AVE SUITE 201</td><td>Alba Int and lifte if applicable (NOTE D DIRECTORS</td><td>E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE</td><td>red when reinstating)</td><td>DATE DATE ERS AND DIRECTORS IN 12 Change Addition</td></t<>	SIGNATURE 12. THE NAME STREET ADDRESS CITY - ST - ZIP THEF	D MARINI, LINO 2937 SW 27 AVE SUITE 201	Alba Int and lifte if applicable (NOTE D DIRECTORS	E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	DATE DATE ERS AND DIRECTORS IN 12 Change Addition
NAME       32 NAME         SINEET ADDRESS       33 STREET ADDRESS         CITY - ST - ZIP       34. CITY - ST - ZIP         TITLE       DELETE         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY - ST - ZIP       44. CITY - ST - ZIP         TITLE       Change         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY - ST - ZIP       44. CITY - ST - ZIP         TITLE       Change         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY - ST - ZIP       Change         NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY - ST - ZIP       Change         NAME       5.3 STREET ADDRESS         CITY - ST - ZIP       Change         TITLE       DELETE         STREET ADDRESS       5.3 STREET ADDRESS         CITY - ST - ZIP       5.4 CITY - ST - ZIP         TITLE       STREET ADDRESS         CITY - ST - ZIP       6.3 STREET ADDRESS         CITY - ST - ZIP       E.4 CITY - ST - ZIP         TITLE       STREET ADDRESS         CITY - ST - ZIP <td>NAVE     32 NAVE       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-2/P     34 CITY-ST-2/P       ITLE     1 TITLE       NAVE     4 2 NAME       STREET ADDRESS     4 3 STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     43 STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     Change       Addition       NAME     51 TITLE       ITLE     Change       ITLE     Change       ITLE     Change       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     DELETE       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/</td> <td>SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME</td> <td>OFFICERS AN D MARINI, LINO 2937 SW 27 AVE SUITE 201 MIAMI FL 33133</td> <td>Alba Int and lifte if applicable (NOTE D DIRECTORS</td> <td>E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME</td> <td>red when reinstating)</td> <td>DATE DATE ERS AND DIRECTORS IN 12 Change Addition</td>	NAVE     32 NAVE       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-2/P     34 CITY-ST-2/P       ITLE     1 TITLE       NAVE     4 2 NAME       STREET ADDRESS     4 3 STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     43 STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     Change       Addition       NAME     51 TITLE       ITLE     Change       ITLE     Change       ITLE     Change       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     44 CITY-ST-2/P       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     DELETE       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     Change       ITLE     STREET ADDRESS       CITY-ST-2/P     54 CITY-ST-2/P       ITLE     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/P     STREET ADDRESS       CITY-ST-2/	SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME	OFFICERS AN D MARINI, LINO 2937 SW 27 AVE SUITE 201 MIAMI FL 33133	Alba Int and lifte if applicable (NOTE D DIRECTORS	E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating)	DATE DATE ERS AND DIRECTORS IN 12 Change Addition
SIREET ADDRESS       3.3 STREET ADDRESS         CHY - ST - ZP       3.4 CHY - ST - ZP         TITLE       DELETE         NAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CHY - ST - ZP       44 CHY - ST - ZP         TITLE	STREET ADDRESS       33 STREET ADDRESS         CITY-S1-ZIP       DELEYE         TITLE       Change         NAME       4 2 NAME         STREET ADDRESS       4 3 STREET ADDRESS         CITY-S1-ZIP       44 CITY-S1-ZIP         DTLF       4 3 STREET ADDRESS         CITY-S1-ZIP       44 CITY-S1-ZIP         DTLF       51 TITLE         DITLF       51 TITLE         DITLF       51 TITLE         DITLF       51 STREET ADDRESS         CITY-S1-ZIP       52 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-S1-ZIP       54 CITY-S1-ZIP         DITLF       51 TITLE         DELETE       51 STREET ADDRESS         CITY-S1-ZIP       54 CITY-S1-ZIP         ITLE       DELETE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-S1-ZIP       54 CITY-S1-ZIP         ITLE       Change       Addition         NAME       53 STREET ADDRESS       CITY-S1-ZIP         ITLE       DELETE       63 TITLE       Change         ITLE       STREET ADDRESS       CITY-S1-ZIP       Change         ITLE       STREET ADDRESS       S3 STREET ADDRESS       CITY-S1-ZIP <td>SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>OFFICERS AN D MARINI, LINO 2937 SW 27 AVE SUITE 201 MIAMI FL 33133</td> <td>Alba (NOTE D DIRECTORS</td> <td>E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</td> <td>red when reinstating)</td> <td>ull     ull     ull</td>	SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D MARINI, LINO 2937 SW 27 AVE SUITE 201 MIAMI FL 33133	Alba (NOTE D DIRECTORS	E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating)	ull
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STREET ADDRESS     63 STREET ADDRESS     64 CITY-S1-ZIP     64 CITY-S1-ZIP     14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name	STREET ADDRESS G1Y-S1-2IP G3 STREET ADDRESS G1Y-S1-2IP G4. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	MILLI CONTRACTOR OF POINTED OF PO	ALUDA IM and Intel & applicable (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)	Image     Addition       Image     Addition       Image     Addition       Image     Addition
<u>64 CITY-S1-ZIP</u> <u>64 CITY-S1-ZIP</u> <u>64 CITY-ST-ZIP</u> <u>14.</u> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name	CITY-S1-ZIP     64 CITY-S1-ZIP     64 CITY-S1-ZIP     64 CITY-S1-ZIP     14. T do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MILLI CONTRACTOR OF POINTED OF PO	ALUDA IM and Intel & applicable (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	E: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating)	Image     Addition       Image     Addition       Image     Addition       Image     Addition
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		SIGNATURE III IIIE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D MARINI, LINO 2937 SW 27 AVE SUITE 201 MIAMI FL 33133	AUDATION (NOTE D DIRECTORS (NOTE D DIRECTORS ) DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 OTTY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 4.1 TITLE 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.1 STREET ADDRESS 5.1 STREET ADDRESS	d in Section 119.07(3)(i), Florida Statulee	ull       u